

EVALUATION ON BEHAVIOR CHANGE COMMUNICATION PROGRAM CAMPAIGN ON HIV AND AIDS PREVENTION AMONG KEY AFFECTED POPULATION (Case Study: Information Education Communication, HIV Counseling Test Brochure for Jakarta's Female Sex Workers)

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ABSTRACT

The background of this research is based on the limited qualitative evaluation of HIV prevention campaign conducted by the Indonesia National AIDS Commission. This thesis demonstrates the importance of conducting evaluation in any communication campaigns. Drawing on P-Process framework and Steps to Behavioral Change, this study examines impact of HIV Counseling & Testing brochure towards female sex workers in Jakarta province. Five elements are administered to evaluate the expected changes: knowledge, approval, intention, practice and advocacy. In addition, the element feedback is aimed to accommodate considerations. The research applied qualitative approach, study case method and in depth interviews towards nine sources to gather information. The result of this research suggests that despite of the positive acceptance from the key affected population, Indonesia National AIDS Commission requires to strengthen planning management, development and testing communication materials.

Keywords: Campaign, Behavior Change Communication, HIV Prevention

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I. BACKGROUND

Indonesia National AIDS Commission (NAC) since its establishment until now has conducted various communication activities including behavior change communication campaign. Similar communication activities were conducted by government institutions, non-governmental organizations and private sectors. Every year, NAC develops Information Education and Communication (IEC) materials for key affected population such as High Risk Men (HRM), Female Sex Workers (FSW), Injecting Drugs Users (IDUs), Transgender and Men Sex with Men (MSM). The World Vision Indonesia ever conducted mass HIV and AIDS campaign titled *One Life Evolution* in Bali, Surabaya and Jakarta (WVI, 2009) promoting anti-stigma and discrimination to People Living with HIV/AIDS (PLHIV). The Reckitt Benckiser-a Durex condom producer had conducted seminars as one of HIV prevention campaigns for young people, in collaboration with Medical Faculty of University of Indonesia (Beritasatu, 2013).

Though the controversy went on, another condom distributor namely DKT Indonesia also launched the National Condom Week campaign to educate people on HIV prevention. The activity was to mark the World AIDS day, two years ago (Kompas.com, 2013).

Of many communication activities with aim to stop HIV transmission, no evaluation ever conducted to these activities, therefore, effectiveness or successfulness of the events are unknown. Mostly people only see the euphoria of the campaign launching and quantity of campaign activities but not the end results or impacts of the campaigns itself. Therefore, researchers were interested to explore impact of mass campaigns conducted by National AIDS Commission.

HIV and AIDS cases in Indonesia were firstly reported in 1987, and until March 2013 the cases have been found in 348 out of 497 districts/cities throughout Indonesia. The official report issued by the Ministry of Health of Indonesia shows that until September 2014 the HIV infections are 150,296 cases cumulatively. Highest number of infections happen in DKI Jakarta (32,782 cases) then followed by East Java (19,249 cases), Papua (16,051 cases), West Java (13,507 cases) and Bali (9,637 cases).

Indonesia enters its HIV concentrated epidemic in 2000 with the prevalence showing more than 5% among key affected population such as injecting drugs users, female sex workers, transgender, and men who sex with men. The Integrated Bio Behavioral Survey (IBBS) 2007 shows HIV prevalence among key affected population are as follow: Direct Female Sex Workers at 10.4%; Indirect Female Sex Workers at 4.6%; Transgender at 24.4%; Clients of Sex Workers 0.8% (survey results from 6 cities targeting clients of sex workers

such as truck drivers, sailor men, port labor, and *ojek* drivers) with range between 0.2% - 1.8%; MSM 5.2%; IDUs 52.4%.

NAC implements a comprehensive program on Prevention of HIV through Sexual Transmission or commonly called *Program Pencegahan Penularan HIV melalui Transmisi Seksual (PMTS)* and includes HIV Counseling & Testing (HCT) campaign. The campaign is aimed to encourage key affected population including FSW to get HIV test at HCT service providers as their responsibility to practice healthy behavior. DKI Jakarta is a province with highest HIV cases; therefore, the study focuses on FSWs in this area. The study is aimed to identify the impacts of Behavioral Change Communication Campaign of National AIDS Commission as part of its PMTS Program.

II. REFERENCE REVIEW

Julia Coffman (2002: 13) in *Public Communication Campaign Evaluation* describes types of campaign evaluation. First is formative evaluation, usually conducted in the beginning of and during campaign to observe the strengths and weaknesses of campaign strategy and its components.

Second is program evaluation, which usually observes the campaign process or direct outputs of campaign. This type of evaluation asks quantitative aspects such as number of brochures distributed, number of people participating in the campaign, number of people get exposure by media, etc.

Third is impact evaluation, usually observe impact of campaign. It evaluates outcome or mid-term campaign results. The evaluation will reveal any effective changes due to campaign.

Fourth is campaign evaluation focusing on higher results beyond individual behavior change? This type of evaluation observes whether a long term campaign has reached its objectives as planned. And it is categorized as an impact evaluation.

This study used impact evaluation and five Steps to Behavior Change Communication taken from Population Communication Services (Piotrow et al., 1997: 23), inserted into the P-Process strategic framework to measure level of understanding of FSWs to HCT brochure. The P-Process (O'Sullivan et al., 2003: 195) is systematic and strategic communication approach started by situational analysis, communication analysis, design, implementation of design and actions and research and evaluation.

Comprehensive evaluation on Communication Program is needed because evaluation results will become inputs to similar program or activities in the future. A strategic

communication framework is recommended for HIV and AIDS program in Indonesia because end results and impact of campaigns are measured at individual level. Improvement in content and clarity of message in health communication package are the focus on an evaluation.

III. METHODOLOGY

This study used a qualitative case study approach to do interpretation and comprehensive review on information collected related to use of HCT brochure among FSWs. Yin (2003) defines qualitative case study as an approach facilitating exploration of phenomenon according to its context. In health-related research, case study is not useful only for theory development but also for program evaluation, in addition to that, a flexible and quality case study is appropriate for intervention activities development (Baxter & Jack, 2008: 544).

Subject of the study is Female Sex Workers especially those who are participating in PMTS. As main target of PMTS, FSWs receive IEC materials on HCT or invitation for HIV test as part of Behavior Change Communication campaign. The study team selected 5 FSWs as respondents and applied purposive sampling methodology. Sample selection criteria are defined by researcher with support from program manager (Malhotra & Birks, 2007). The interviews were taken with outreach workers from some NGOs, officers at NAC, Communication Specialist from FHI380 (formerly called Family Health International) who assisted NAC in IEC materials development. The following names are the respondents.

1. K, FSW at R Massage Parlor, Elementary School Graduate. Volunteer at an NGO for HIV Prevention Program activities.
2. R, FSW at R Massage Parlor, Elementary School Graduate. Volunteer at an NGO for HIV Prevention Program activities.
3. D, FSW at R Massage Parlor, Junior High School Graduate. Volunteer at an NGO for HIV Prevention Program activities.
4. M, FSW at KD Massage Parlor WPS, Senior High School Graduate. Joined HIV Prevention activity once.
5. N, FSW at KD Massage Parlor, Elementary School Graduate. Never attended HIV Prevention activity.
6. Puput, Outreach worker of PKBI Jakarta Utara. Responsible for FSW outreach in Rawa Badak Utara area.

7. Priscillia Anastasia, PMTS National Coordinator of National AIDS Commission 2010-2014.
8. Halik Sidik, Deputy Assistant for Institutional Capacity Strengthening, National AIDS Commission.
9. Ika Rizky Syafitri, Communication Specialist of FHI360, NAC partner in IEC materials development.

The collection of data was conducted by in-depth interview using a guideline consists of flexible and semi-structured questions to obtain responses, comments, inputs or considerations toward HCT brochure. Respondents were required to answer or response to questions related to content, appropriateness of using of sentences, words or terminologies in the brochure.

The study also conducted participatory observation to build more comfortable situation for resource persons-Female Sex Workers- to get familiar with the researcher or make everyone comfortable during interview. Before in-depth interview, researcher attended routine meetings held by NGOs. Program Manager assisted to join a session where an outreach worker was explaining about Tuberculosis and its relation to HIV and AIDS, as well as explanation about SUFA (Strategic use of Antiretroviral).

At the end of the session, researcher made introduction and explained reasons for being in the session, Program Manager then welcoming researcher to ask directly to respondent candidates. Five out of 20 people present in that event were asked about their willingness to become respondent. They provided their mobile phone number for further contact to make appointment for an interview. At the end, only 3 people who can be reached and available for interview. Participatory observation is applied since it enables to understand real situation in the field where FSW works and to learn research subject on certain perspective (Mack et al., 2005: 13).

Data analysis process required researcher to do some steps such as data collection, data reduction, data presentation and drawing of conclusions (Miles & Huberman, 1992: 246). P-Process communication strategy framework is applied to observe all steps in conducting an activity, starting from formative assessment, strategy development, and material development and testing, activity implementation, until measurement of expected end results, impact and identification of unexpected effects. Steps to Behavioral Change Communication as an adaptation of diffusion and innovation theory are used in this study to describe level success of a campaign and necessary improvement to be made for similar campaign in the future.

This study applied qualitative data analysis. Qualitative research has important role in providing reasons for better understanding a problem, to know target audience and situation comprehensively. Qualitative analysis in an evaluation is able to explain how and why an impact may be resulted (O'Sullivan et al., 2003: 1-2). Qualitative research is the same with quantitative research in terms of its results quality. Mays and Pope (2000: 50) said that qualitative research is similar with quantitative research in its validity. However, it is different in the way of conducting these two types of research because qualitative and quantitative researches have different objectives. In order to see quality of qualitative research, Daymon & Holloway (2008: 145-148) describe this as authenticity and trustworthiness criteria which cover: credibility, transferability and confirmability. Credibility refers to a condition where a person is able to identify and agree to research findings in its social context after the person read research report. Recognition of people involved in study is credible if study subject is identified and described accurately.

Transferability refers to a condition where an individual or group of people able to conduct similar study and generate the same results. In this case, study can be implemented to similar theme or object. Scientific concept and study framework on evaluation of behavioral change communication campaign regarding HIV and AIDS prevention towards female sex workers can be used by NGO, organizations dealing with HIV and AIDS issue, institutions, ministries or private sectors that want to see successfulness of target population in understanding the IEC materials content, HIV prevention content specifically and other health promotion in general.

Confirmability refers to researcher's ability to ask readers to understand study objectives, interpretation and conclusion of study by demonstrating relationship between data obtained and source of data. Data validity of this research is tested through data triangulation technique. Wiersma (1986) in Venus (2004) defines triangulation as cross-validation in qualitative research. Triangulation assesses data sufficiency based on some sources of data. Study team checked all results of interviews conducted with FSWs, outreach workers, NAC and FHI360.

IV. RESULTS

Based on in-depth interview summary, in general, FSWs are able to express their understanding on each level of knowledge, approval, intention, practice and advocacy to IEC material on HCT. FSWs also shared valuable inputs for improvement of similar activity in the future. Interviews made with 5 FSWs, 1 outreach worker, 2 NAC officers and 1 staff of

FHI360 show some opinions and statements from respondents about IEC material on HCT as part of Behavioral Change Communication campaign.

In terms of **knowledge**, the study team thought responses given by FSW respondents showed that they understand and able to tell advantages of HIV test such as know HIV status, confidentiality of test result, further actions to be taken after test result is known (positive or negative). These 2 FSW respondents interpreted text on first page of brochure – ‘get along with clients, why avoid HCT...’ as asking clients for a date, this becomes interesting point for researcher. And respondents thought brochure is not only addressed to sex workers but it also specifically appropriate for clients. In fact, NAC and FHI360 as campaign organizers used the text on first page to stimulate people to be willing to know more information to see to the next page of brochure.

Prior to development of IEC material on HCT, FHI360 has conducted formative research which aimed to collect information and get familiar with characteristic of target audience. Formative research used participatory strategy to gain needs of target audience and selection of right words or sentences for them were expected to be obtained from the research. However, in reality the target audience still misinterpreted the text displayed on first page of the HCT brochure, obstacles happened during IEC material pre-testing. Pre-testing forum was supposed to be the forum to revise messages which will be delivered to target audience by campaign organizers. Pre-testing is intended to reveal whether the message is well accepted by target audience.

In terms of **approval**, Respondents 1 and 2 confirmed their approval to availability of IEC material on HCT. Respondent 1 realized that working at massage parlor require a media to remind everybody there to visit health centers, meanwhile, Respondent 2 basically agreed to the brochure but regret to select inappropriate terms or words for FSWs.

Similar with previous respondents, Respondent 3 gave good response to HCT brochure but prefer to also have informal discussion session maybe at a shopping mall. Respondent 3 believed that FSW will read the brochure completely if the person want to stay healthy, in reverse, FSW will leave the brochure.

Similar response was given by Respondent 5 who also agreed on distribution of HCT brochure and focus on infection prevention as well as initial steps to be taken by those who are already infected. Respondent 5 thought the brochure is really helpful to aware of HIV infection and STI. Respondent 4 agreed on brochure existence but expect more concrete activity should be conducted targeting not only FSWs but broader target audience, therefore, FSWs will not feel marginalized.

Respondent 5 shared a comment that the brochure is important in giving information on how to know HIV status. In addition to that, the brochure has given new experience and understanding to those who never heard of HCT before.

Based on interview, it is confirmed that five respondents accepted and approved the HCT brochure. Positive responses were shared by words mentioned such as ‘necessary; good; helpful; agree; and important’. FSWs respondents realized that HCT brochure has function as reminder on importance of visiting health care centers for HIV Counseling and Testing. Respondent 4 agreed that the brochure provides information on HIV and increase her awareness and specifically mentioned that invitation to get HIV counseling and testing is not only for FSW. The word ‘marginalized’ from Respondent 4 has shown her concern on stigma being given by most of people to FSW. In previous stage called knowledge, approval given by FSW respondents also depend on selection of words and sentences on IEC materials.

Respondents’ responses on **intention** to visit health care center was not only from their initiative after reading the brochure but also due to motivation built by friends at work place and outreach workers when they share HIV prevention information. As mentioned by respondent 1 that intention to visit health care center probably come from curiosity to know HIV status and her awareness of being infected by HIV due to her job. Motivation from the seniors is important to encourage people to know their HIV status.

Similar response was given by Respondent 2 who said HCT brochure is interesting and attempt people to visit health care center, however, outreach workers has important role to help FSWs making decision whether to have HIV test or not at health care center.

Respondent 4 confirmed to get HIV test, it is not only because she read the brochure but outreach worker encourage her to do so and free facility provided by NGO. Strong intention to visit health care center next time is already shaped although it is not free anymore. Respondent 5 shared her worries because her blood pressure will increase whenever she is in doctor’s room and see needle and syringe. She keeps on building her self-confidence to visit Puskesmas for HIV counseling and testing. Based on explanations above, researcher believes that outreach worker has very important role as front liner building initiatives of FSWs to visit health care center. Attractive IEC materials in packaging and its ability to stimulate FSWs to know their HIV status are effective to invite FSWs to visit clinic or Puskesmas. Other than that, routine information sharing from outreach worker, personal relationship which built trust among each other such as assisting FSW to go to health center have vitally played to encourage FSWs to get HIV counseling and testing service.

Initiative to conduct **practice** of visiting health care center among FSWs was not because of reading brochure only, there was another factor influencing them to make the motivation stronger. Respondent 1 told her story that massage parlor manager informed her to get ready for examination before a team of mobile doctor arrive. She ever had HIV test and understood that the test should be conducted routinely and it includes pre- and post-test counseling.

To follow up visit to clinic or health care center, respondent 1 chose to go together with her co-workers. Respondent 2 and 3 decided to come alone to clinic or health care center for follow up visit, they do not wait for other friends to go to clinic. Respondent 3 had HIV test already and she has opportunity to take blood testing result and consult with mobile clinic team.

In practice step and previous steps before, the outreach workers play pivotal role. Their function is not only giving motivation to FSWs to visit health care center but also establish personal relationship to get trust. The number of FSWs who get HIV test can be improved by considering to arranging communication training and provide sufficient education for outreach workers and add more outreach workers. Similar training can be applied to health care provider at clinic or Puskesmas. Health care providers should be able to establish good relationship with any target population including sex workers. They have to explain patient flow, examination procedures, sampling procedure, introduction of all medical equipments to be used, and possibility of having uncomfortable feeling and know how to deal with that feeling. Health care providers should ensure all FSWs obtain fair service and treatment with other patient and free from stigma and discrimination.

On **advocacy** step, researcher analyzed experience and benefit obtained by respondent after HIV test, and conduct observation if respondents advocate other people to do the same thing and if respondents support HIV prevention for the community. Interviews with all respondents revealed that there are many ways of asking co-worker to visit health care center or show care to HIV prevention program for the community. Respondent 1 used FSW community gathering called *arisan* where she can informally speak to encourage people to visit community health center (Puskesmas) together. Respondent 1 was quite irritating with HCT terminology because it is hard to remember. She intended to ask client and partner for HIV test if the language in brochure is easily understood by people like her so it will make it easier to ask people to access for HIV test.

Respondent 2 described challenges when asking co-workers to attend health care center. She is always been rejected but keep on trying another way to ask her friends to visit

health care center. She managed a little group to be taken to health care center at the same time. Similar challenge was shared by respondent 3 when encouraging her friends who never visited health care center for an HIV test. She is ready to take her friends to a clinic and let them make decision by themselves.

Outreach workers also mentioned the power of word of mouth (*getok tular*). FSWs who realized importance of HIV information will read HCT brochure but this will not happen to those who are not interested at all. Outreach workers figured out that HIV information shared by PKBI team will help FSWs deliver the message to other friends. Puput - PKBI outreach worker, sometimes experience rejection from pimps and often give up with that condition.

In terms of advantage of having HIV test, Respondent 3 expressed her experience when she decided to have HIV test, she felt comfortable and relieved although she should take medicines prescribed to cure the STIs. Respondent 5 never had experience having HIV test and not much things she can share for advocacy to other people.

On **advocacy** step, researcher considered FSW respondents support HIV prevention program by actively sharing experience, information or simple ideas to other co-workers or friends to visit health care center. To reach behavior change communication objectives, local stakeholders should be involved to any activities done by FSWs since stakeholders have power, ability to influence people and also concerns in the area. Stakeholders mean the pimps, brothel managers/owner, massage parlor managers/owner, and head of neighborhood, security guard, civil organization and NGOs.

According to P-Process, the **feedback** step accommodates inputs and suggestions from respondents for future improvements. In general, all five respondents gave input to avoid using English on HCT abbreviation (HIV Counseling and Testing) on the brochure. And terminologies they rarely heard such as counseling, counselor, psychosocial are suggested to be replaced with easier and acceptable terms. As stated by Respondent 1, using Indonesian language is much more appreciated than foreign language, but again, should be careful in selecting words which commonly used and heard. Respondent 1 also shared her opinion on male model displayed at the back of brochure, she thought it is supposed to be a client who gives support but the picture does not represent client. PKBI outreach worker-Puput had similar opinion as shared by all respondents. She suggested to use simple words, daily common words, meet target population characteristics, and avoid foreign words or sentences. Positive comment is given by outreach workers about blank space at the back part

of brochure which makes FSWs easier to contact outreach workers when they want to have HIV test but reluctant to speak in front of friends.

Some initiatives shared by respondents to develop IEC material on HIV testing in different format. Respondent 1 described that information sharing through SMS is one way to share information easily and anytime SMS is received then it will be read. Almost all respondents-especially young FSWs, they use mobile phone with free chatting application but still prefer to send SMS to ask something and almost all SMS received will be opened and read. Respondent 2 explained her experience when attending a meeting at Ministry of Health office, she watched short cartoon movie on condom promotion and uploaded in internet. She thought same format is applicable for inviting people to get HIV test for her friends.

Respondent 2 thought social media is one of the best options to promote HCT, there are plenty of times to access internet while waiting for clients. Researcher observed that while waiting for clients most FSWs spend their time accessing internet using their smart phone (chatting, infotainment news site, Facebook or YouTube)

In contrast with Respondent 2, outreach worker thought it is too much information now being shared through social media and almost all NGO working on HIV issue use social media to deliver HIV and AIDS message. Puput recommends an outdoor activity during Car Free Day to enable FSWs get along together with community and share information about HIV.

Respondent 3 thought information sharing do not necessarily be conducted only in formal environment such as offices but we can conduct it informally in shopping malls in Jakarta, this will reach general community to know further about HIV and AIDS. Respondent 4 expects relevant stakeholders to encourage FSWs to have HIV test, another idea is sharing information in edutainment format either distributing VCD or watching something together.

Respondent 5 expects to get information sharing through entertainment program on television and radio because her hobbies are watching TV and listening *dangdut* radio. As observed by study team, at location where Respondent 5 works, she was watching TV while waiting for clients, therefore, no wonder if she requested HIV information to be seen on some TV program. FHI360 provides technical assistance to NAC to develop IEC material which focuses on integration of some interventions to make behavior change. BCC intervention can be implemented on various channels as mentioned by all respondents. HIV prevention promotion in PSA format in 30 minutes duration and other types of promotions can easily be accessed through internet.

Puput-outreach worker thought it is better if IEC material is made on notes book size, smaller than what is available now, and add pictures or photos of types of STIs so that target audience understand its danger, risks and importance of having HIV test immediately. Of all inputs taken from respondents, study team agree that simple word selection, easy to understand and closely meet characteristic of target audience very much related with formative research which is conducted at beginning of message development. Good research results will help creative team in content development for IEC materials.

Inappropriate words selection, insertion of foreign terminology, and missing the character of target audience can be avoided. In fact, there are other communication channels such as internet or other HIV prevention promotional format of PSAs specifically produced for key affected population, including cinema movie, TV drama, SMS blast and edutainment regarding HIV information. Since planning and budget allocation were poorly managed, this caused target audience difficult to access. Stakeholders, local government, private sectors, HIV and AIDS volunteer should take role to ensure target audience obtain same rights to get health information.

V. CONCLUSIONS

The study team applied Steps to Behavioral Change and strategic communication framework called P-Process to evaluate level of understanding of Information, Education and Communication (IEC) material on HIV Counseling & Testing (HCT) as part of Behavior Change Communication (BCC) campaign in DKI Jakarta. Level of understanding on IEC material on HCT among FSWs shows through six steps namely Knowledge, Approval, Intention, Practice, Advocacy and Feedback.

Study results demonstrate almost all FSW respondents meet all criteria set in every step. Few notes to be taken including the use of HCT (HIV Counseling and Testing) and uncommon terminologies such as counseling, counselor, psychosocial should not be used again for IEC material development because FSWs with low educational background will be hard to understand those terms. In this case, fund, resources and time limitation during materials development emerged as major cause why IEC material on HCT was not optimally managed and made. So far IEC materials as part of BCC program have been distributed and supported all campaigns but comprehensive evaluation has never been conducted and just stop at output evaluation without thinking level of success of IEC materials to BCC.

In the future, researcher identifies the importance of campaign organizer-NAC and its partner to allocate adequate preparation in materials development referring to P-Process

strategic framework starting from Analysis, Strategic Design, Development and Testing, Implementation and Monitoring and last is Evaluation and Re-planning. Similar attention should be taken to formative research, pre-testing, monitoring and evaluation.

Study also reveals that it is important to analyze other types of media-except brochure-as BCC channel and it should be adjusted with characteristic of target audience.

VI. RECOMMENDATIONS

HIV Counseling and Testing (HCT) brochure distribution as part of Behavior Change Communication campaign toward Female Sex Workers conducted by NAC is one of PMTS routine activities. In development of IEC materials, NAC as national HIV and AIDS Program coordinator with its partner is suggested to use P-Process strategy: (1) time planning, time allocated for initial research until distribution, and dissemination of IEC material.

It is important for campaign organizer to provide sufficient time in order to reach expected quality results. Shorten the process for IEC materials development which will impact to reduced-content quality should be avoided. (2) On analysis step, it is important to know characteristic of target audience. If Focus Group Discussion is selected as part of formative research to get information on characteristics of target audience, habit, lifestyle then it needs appropriate preparation. All of the information is then to be used as basis for IEC materials development and not using assumptions. (3) Before final printing, ensure the material is already undergone pre-test. Similar with beginning process of formative research, if Focused Group Discussion will be used for data collection method then relevant respondent criteria should be set.

Creative team and organizer need to carefully plan a pre-test since campaign success depends on key message that can inspire target audience. (4) Comprehensive evaluation is needed to examine campaign successfulness. Study results may be applied as reference not only for NAC as organizer but also for all institutions, organizations dealing with HIV and AIDS issue which conduct BCC campaigns.

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